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CONFIRMATION NO. 3362

<b>SERIAL NUMBER</b> 10/720,985	<b>FILING OR 371(c) DATE</b> 11/24/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 11623/US/2	
<b>APPLICANTS</b> Peter Michel, Burgdorf, SWITZERLAND;					
<b>** CONTINUING DATA *****</b> This application is a CON of 10/077,229 02/15/2002 PAT 6,736,795 which is a CON of PCT/CH00/00390 07/18/2000					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY DE 199 39 023 A1 08/18/1999					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/24/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 74307					
<b>TITLE</b> Device for administering an injectable product					
<b>FILING FEE RECEIVED</b> 1188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		